

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041346

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 354Primary Registration District No. 4519Registrar's No. 23

FILED OCT 30 1962

1. PLACE OF DEATH

a. COUNTY Texasb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CaboolLength of stay in lb
3 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cabool ClinicInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texasc. CITY OR TOWN CaboolInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Herman Eugene Smith4. DATE OF DEATH
Month Day Year
10/19/62

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/11/1929

9. AGE (last birthday)

33IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
truck driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Douglas County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John F. Smith

13b. MOTHER'S MAIDEN NAME

Bessie Clifton

14. NAME OF HUSBAND OR WIFE

Glenna F. Smith15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Glenna F. Smith, Cabool, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive hemoptysisINTERVAL BETWEEN ONSET AND DEATH
1 hr.

DUE TO (b)

Pulmonary Tuberculosis7 yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-19-62 to 10-19-62 and last saw him alive on 10-19-62.
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James A. Hanks MD

(Degree or title)

22b. ADDRESS

Cabool, Mo.

22c. DATE SIGNED

10/22/6223a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

10/22/62

23c. NAME OF CEMETERY OR CREMATORY

Cabool Cemetery

23d. LOCATION (City, town, or county)

Cabool, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Elliott-Gentry Funeral Home, Cabool, Mo.

25. DATE RECD. BY LOCAL REG.

10-23-62

26. REGISTRAR'S SIGNATURE

Baynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/5910701070345678900211011122-0132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Zentgraf

Licensed Embalmer No.

4718

P. O. Address

Calool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.